

UTILITY PATENT APPLICATION TRANSMITTAL

(only for new non-provisional applications under 37 CFR §1.53(b))

Mail Stop Patent Application
Commissioner for Patents
P. O. Box 1450
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I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 28, 2004

Date of Deposit

Signature

EL 964841759 US

Express Mail No.

Transmitted herewith for filing is the patent application under 37 CFR 1.53(b) of:

AVENTIS DOCKET NO.: **DEAV2003/0005 US NP**
INVENTORS: **HOPPE, et al.**
TITLE: **SCREENING ASSAY BASED ON THE FORKHEAD TRANSCRIPTION FACTOR-DEPENDENT SOD-3 PROMOTER**

APPLICATION ELEMENTS

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. ☒ Specification
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure

Total Pages

3. ☐ Drawing(s) (35 U.S.C. 113)

Total Sheets

4. Oath or Declaration

Total Pages

- a. ☒ Newly unexecuted (original or copy)

- b. ☐ Copy from a prior application (37 CFR § 1.63(d))

- i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).

5. Power of Attorney

Total Pages

- a. ☐ Newly unexecuted (original or copy)

- b. ☐ Copy from a prior application (37 CFR § 1.63(d))

6. ☐ Microfiche Computer Program (Appendix)



16138 U.S. PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 1,040.00**Complete if Known**

| | |
|----------------------|---------------------|
| Application Number | Not Yet Assigned |
| Filing Date | January 28, 2004 |
| First Named Inventor | HOPPE, et al. |
| Examiner Name | Not Yet Known |
| Group / Art Unit | Not Yet Known |
| Attorney Docket No. | DEAV2003/0005 US NP |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---|------------|--------------------------------|--------------|-----------------|----------|----------|----------|------------------------|--|------|-----|-----------------------------------|-----|------|-----|---------------------------------------|--|------|-----|---|--|------|-----|---|--|--------------|-----|------------------------|------------|--------------|--|--|------------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | Large Entity Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 18-1982 | | | | Fee Code Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: Aventis Pharmaceuticals Inc. | | | | Fee Code Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Commissioner is authorized to: (check all that apply) | | | | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Fee Code</td><td>Fee Code</td><td></td><td></td></tr><tr><td>1001</td><td>770</td><td>Utility filing fee</td><td>770</td></tr><tr><td>1002</td><td>340</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$770.00)</td></tr></tbody></table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | 1001 | 770 | Utility filing fee | 770 | 1002 | 340 | Design filing fee | | 1003 | 530 | Plant filing fee | | 1004 | 770 | Reissue filing fee | | 1005 | 160 | Provisional filing fee | | SUBTOTAL (1) | | | (\$770.00) | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 770 | Utility filing fee | 770 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 340 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 530 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 770 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | (\$770.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(\$270.00)</td></tr></tbody></table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | 1202 | 18 | Claims in excess of 20 | | 1201 | 86 | Independent claims in excess of 3 | | 1203 | 290 | Multiple dependent claim, if not paid | | 1204 | 86 | **Reissue independent claims over original patent | | 1205 | 18 | **Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) | | | (\$270.00) | | | | | | | | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 86 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 290 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 86 | **Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | (\$270.00) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims: 35 - 20** = 15 x 18 = 270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims: 3 - 3** = 0 x 0 = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent: 0 x 0 = 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|---------------------------------|-----------------------------------|----------------|
| Name (Print/Type) | Joel B. Gorman, Reg. No. 48,676 | Registration No. (Attorney/Agent) | 48,676 |
| Signature | | Telephone | (908) 231-3444 |
| | | Date | 1/28/2004 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Aventis Pharmaceuticals Inc. template

7. Nucleotide and/or Amino Acid Sequence Submission

(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

☐ If a **CONTINUING Application**, check appropriate box, and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part

of prior application no: _____, filed _____,

Examiner _____, Group/Art Unit _____.

(The cross reference has been/will be inserted on page one of the specification).

☒ This application claims the benefit of U.S. Provisional Application No. 60/478,244, filed June 6, 2003. (The cross reference has been/will be inserted on page one of the specification).

☐ **Incorporation By Reference** (useable if filing a continuation/divisional and a copy of the declaration from the prior application is enclosed.)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

ACCOMPANYING APPLICATION PARTS

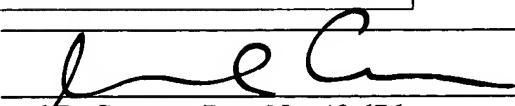
7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 CFR §3.73(b) Statement
(when there is an assignee)
9. ☐ Verified English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☐ *Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. ☒ Certified Copy of Priority Document(s)
(DE 103 03 850.7 filed on January 30, 2003)
15. ☒ Other: Application Data Sheet

CORRESPONDENCE ADDRESS

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Attorney/Agent for Applicant

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